

**JAMES D. SILVER, AS RECEIVER FOR  
Nexstar Communications LLC, TMT Equipment Company LLC,  
TMT Management Group LLC, Posa LLC, Posa TMT LLC,  
Televest Communication LLC, Televest Group LLC, and Spin Drift LLC  
633 S. Federal Highway  
Fort Lauderdale, FL 33301  
954-462-5500  
www.tmtreceivership.com**

**This form is intended to be used by investors who wish to amend their Claim Form or notify the Receiver of a change in contact information. Completed original forms must be mailed to the Receiver, James D. Silver, at the address shown in the letterhead above. No fax or e-mail copies will be accepted.**

I, \_\_\_\_\_, wish to amend my Claim submitted on \_\_\_\_\_, 2008, to reflect the following (check if applicable and fill in blanks):

\_\_\_\_\_ I consent to the Receiver's total amount invested figure of \$ \_\_\_\_\_ and hereby request that my claim be amended to reflect the foregoing.

\_\_\_\_\_ I consent to the Receiver's total amount received figure of \$ \_\_\_\_\_ and hereby request that my claim be amended to reflect the foregoing.

\_\_\_\_\_ I wish to update my contact information to the following:

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_